

# NATIONAL Assessment Centre Services

Date In: 20/08/21	Job description	Date & Time Completed	Done by
Ref No: NA/PWD/1008764/13	SAs e-filing		
Veh No: 5N45033B	E-mail (within 8hrs. MO: 2hrs)		
D.O.A: 19/08/21 0745	i-Motor Claim Form		
OD: (P) Reporting Only	i-Motor W/O (Within 0P 2hrs. TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 5N45033B	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	( )
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time: (
Insured/Driver Liability: (	% [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

## General Remarks:-

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co. ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

## Injury :

Date/Time	Actions

NA2103762	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11) : TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
Auditors' Comments :-	Invoice date/	Fee Charged		
Cat. 1:				
Cat. 2 / 3:				

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission	20/08/2021 14:47 (SGT)
Date of Accident	19/08/2021 07:45 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS TUAS
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA5033B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	FONG WEI CHIAT JENSEN
NRIC No	SXXXX877G
Email Address	jmartauto@gmail.com
Mobile Phone No	(Phone) +65-90066888
Alternative Phone No	+65-90066888

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	520I 2.0L AT D/AB 2WD 4DR GAS/D NAV
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1997

### INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2021-00002931
Cover Note Number	-

### DRIVER

Name of Driver	FONG WEI CHIAT JENSEN
NRIC No	SXXXX877G

Date Of Birth	29/09/1981
Occupation	Indoor
Date Of Driving Pass	23/10/2017
Driving experience	3 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90066888
Alt. Phone Number	+65-90066888
Email Address	jmartaauto@gmail.com
Address	BLK 423 TAMPINES ST 41
Address complement	#07-180
Postcode	520423
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	FOONG SOOK FUN
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

FRONT CAR SLOWED DOWN SO I FOLLOWED SUIT BUT VEH B FAILED TO BRAKE IN TIME AND HIT ONTO MY REAR PORTION OF MY VEH.

#### ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM7889X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	FONG WEI CHIAT JENSEN
Gender	Male
Phone No	(Phone) +65-90066888
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SNA5033B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	FOONG SOOK FUN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SNA5033B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

#### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

#### Sketch Plan

AYE TOWARDS TUNIS



DOA: 19/1/21  
A: SNA 5033 B  
B: SLM 7889 X

**Describe Circumstances of the Accident**

Front car slowed down so I followed suit but van  
3 failed to brake in time hit into my van rear  
portion

**Declaration**

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date &  
Time

Driver's Signature (If driver is not the policyholder) / Date  
& Time

Witnessed by Reporting Centre  
Personnel



Date of Accident : 19/8/21		Time of Accident : 7.45 am	
Exact Location of Accident : AYE towards Tuas			
Purpose Of Reporting : OWN DAMAGE CLAIM / 3RD PARTY CLAIM / JUST REPORTING ONLY			
Weather Condition : Clear / Raining <input checked="" type="checkbox"/>		Wet / Dry <input checked="" type="checkbox"/> Private Use / Work	
Owner's Name : Fong Wei Chint Jensen		NRIC : 581295776	HP : 90066888
Driver's Name : u		NRIC : u	HP : u
DOB : 29/9/81	Driving Licence Passing Date :		Occupation : Indoor / Outdoor
Address : 423 Tampines st 41 #07-180 (S20423)			
Relationship Of Driver with Insured : Owner		Email : jmartayto@gmail.com	
Vehicle Number : SNA 5033B		Make & Model : BMW	
Insurance Company : FWD		Policy Num :	Coverage :
Any passengers inside vehicle involved (YES / NO) If yes, Vehicle Number & How many pax A: 1+1 B: 1+0 C: D:			
Vehicle A Passenger Name : Fong Sook Fun			
Anyone Injured : <input type="radio"/> NO <input checked="" type="radio"/> YES Name / NRIC / Which Vehicle : Fong Wei Chint Jensen Fong Sook Fun			
Was The Accident Reported To The Police ? <input checked="" type="radio"/> NO <input type="radio"/> YES Which Police Station :			
Does The Driver Own Any Other Vehicle ? <input checked="" type="radio"/> NO <input type="radio"/> YES Vehicle Number : Insurer :			
Was Any Foreign Vehicle Involved ? <input checked="" type="radio"/> NO <input type="radio"/> YES Vehicle Number & Category :			
Was There Any Video Captured By Car Camera ? <input type="radio"/> NO <input type="radio"/> YES			

### Third Party's Particular

Vehicle B 's Number : SLA 7889X		Make & Model :	
Driver's Name :		NRIC :	HP :
Vehicle C 's Number :		Make & Model :	
Driver's Name :		NRIC :	HP :

### Witness 's Particular

Name :	NRIC :	HP :
--------	--------	------

## Certificate of Insurance

Please call +65 6322 7072 for FWD Emergency Assistance  
if your car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

**Policy number: PNPV2021-00002931 (Comprehensive - Executive Plan)**

Car plate number: SNA5033B

Your name (As the policyholder): Fong Wei Chiat Jensen

Coverage start date: 02/07/2021

Coverage end date: 01/07/2022

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive :

(a) You; and

(b) Anyone with a valid driving license who you give permission to drive your car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by us. These documents should be read together as one. You must make sure that any person you give permission to drive your car understands your duties under this Policy and complies with its conditions.

Your Policy is only valid if your car is being used for non-commercial activities in accordance with your contract.

Finance company:

---

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 29/06/2021



---

**Khor Kee Eng**  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at **+65-6820-8888**  
or email us at **contact.sg@fwd.com** if any details  
in this Certificate of Insurance need to be changed.